



PTO/SB/01A (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMP.

DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN APPLICATION DATA SHEET (37 CFR 1.76)

the desired information unless it displays a valid OMB control number	
Application Number	
Filing Date	
First Named Inventor	Christoph Keller
Group Art Unit	p
Examiner Name	
Attorney Docket Number	20649-06610

(e', cl K 1.70)	Examiner Name			
	Attorney Docket Number	20649-06610		
As the below named inventor(s), I/we declare that:				
This declaration is directed to:				
The attached application, or				
Application No.	, filed on			
as amended on	(if a	pplicable);		
I/we believe that I/we am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought;				
I/we have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment specifically referred to above;				
I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 CFR 1.56, including material information which became available between the filing date of the prior application and the National or PCT International filing date of the continuation-in-part application, if applicable; and				
All statements made herein of my/our knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon.				
FULL NAME OF INVENTOR(S)				
Inventor one: Christoph Keller	Citizen of: S	witzerland		
Signature: MSoph / Ell		2-12-01		
Inventor two: Hans Mendler	Citizen of: Sv	vitzerland		
Signature: Thus	Date: 2/	12.7001		
Inventor three:				
Signature:	Date:			
Inventor four:	Citizen of:			
Signature:	Date:			
Additional inventors are being named on additional form(s) attached hereto.				



Please type a plus sign (+) inside this box

PTO/SB/81 (10-00)
Approved for use through 10/31/2002. OMB 0851-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Applicati n Number	
Filing Date	
First Named Inventor	Christoph Keller
Title	
Group Art Unit	
Examiner Name	
Attorney Docket Number	20649-06610

I hereby a	ppoint:		
·	Practitioners at Customer Number 00758		
(OR ·		
· 🛛 P	Practitioner(s) named below:		
, į	Name	Registration Number	
Albe	ert C. Smith	20,355	
Micl	hael Plimier	43,004	
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States			
	Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to:		
The above-mentioned Customer Number.			
l am the:			
	licent/leventer OP Assigned of record of	of the entire interest. See 37 CER 3.71	
Applicant/Inventor OR Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).			
SIGNATURE of Applicant or Assignee of Record			
Name	Christoph Keller		
Signature Mission /48/L			
Date	12-12-1200/1		
I am the:	,		
Applicant/Inventor OR Assignee of record of the entire interest. See 37 CFR 3.71.			
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).			
SIGNATURE of Applicant or Assignee of Record			
Name	Hans Mendler		
Signature # 1/1/202			
Date	21.12. 2001.		
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.			
	☐ *Total of one form is submitted.		